

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

552839

FILING DATE

2/8/96

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3							53						
4		1					54		1				
5							55						
6		5					56						
7		5					57						
8		5					58						
9		1					59						
10							60						
11							61		6				
12							62		2				
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19		1					69						
20							70						
21		1					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29		5					79						
30		5					80						
31		5					81						
32							82						
33		5					83						
34		⑩					84						
35							85						
36							86						
37							87						
38		1					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48							98						
49							99						
50							100						
TOTAL IND.	24						TOTAL IND.	9					
TOTAL DEP.	49						TOTAL DEP.	9					
TOTAL CLAIMS	73						TOTAL CLAIMS	18					

**BEST AVAILABLE COPY**